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THE NURSING TIMES

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NURSING NOTES

Legal Advice for Our Readers.

ONE aim, above all others, we have kept before us in this journal, and that is to be of real, practical help to our readers, and it is with great pleasure that in this issue we introduce yet one more feature, which we are sure will be helpful. On page 93 will be found an article by an eminent barrister-at-law with regard to the making of Contracts, and we have arranged that he shall answer as occasion may arise any questions sent in by our readers on legal matters.

These answers will be published in this journal, and no charge will be made for them, the only condition being that the coupon marked "Legal" on page v. of the current number must be attached to each query, and that advice is not asked on more than one subject at a time.

Our great hope in inaugurating this Legal Column is that by asking advice before entering into contracts nurses may prevent subsequent misunderstanding or unpleasantness; and we also hope that, even if such complications have arisen, a few words from an authority may lead to a peaceful settlement, and thus prevent those unfortunate disputes which we occasionally see reported in the lay papers.

Overwork.

There is evidently a stirring of hearts at present with regard to the conditions under which nurses in Scotland are working. We hear of a threatened strike amongst the nurses and female attendants of a large asylum, of fever nurses housed in rooms condemned by the Local Government Board inspector as "uninhabitable," and of others suffering physically and mentally from the strain of overwork.

The pastor of a healthy, mountainous district writes to draw attention to the unfavourable contrast the nurses that have gone from that locality present to young women who have taken up other work. He states that the number who break down in health is far larger in proportion than amongst those in other employments, and also that many lose their old energy and buoyancy of spirit. He ascribes this not so much to the hard work, but to the excessive length of hours on duty, and the need of more time for rest and relaxation. Without accepting this opinion unreservedly, there is undoubtedly some warrant for it, and not in Scotland alone. The rush and stress of modern hospital life too often reduces the question of training to the survival of the physically fit, quite irrespective of other essential nursing qualities, even where the regulations afford opportunities for a certain amount of daily leisure.

But in too many Poor Law infirmaries and special hospitals, false economy or want of funds leads to distinct under-staffing and its attendant evils. Again and again one reads urgent recommendations from Local Government Board inspectors for an augmentation of the staff, especially for night duty, while nurses and patients suffer alike in special hospitals and nursing institutions for the lack of even one or two more nurses. The evils of overwork and under-staffing are still with us, and account in no small degree for the blunting of moral responsibility sometimes to be found amongst trained nurses. To learn to do less rather than more for the sick is a lesson easily acquired and never quite forgotten. What is the remedy? To face the matter, and educate public opinion to deal with it. Matrons and superintendents, "in season and out of season," can urge the need of a sufficient staff, and nurses can decline service under impossible conditions. All can combine to promote the consideration of wise and efficient measures to determine the training and curriculum for the nursing profession.

R.B.N.A. Meeting.

All the heated discussion which took place at the special meeting of the R.B.N.A. recently seems to have been to no purpose, as the meeting, on account of certain irregularities, is likely to be declared null and void. It seems that owing to want of adequate precautions, several people were present and may have voted, although they were not members of the society, and the secretary has sent out a notice that one of the resolutions passed was moved by a person not entitled to do so. A special meeting has therefore been called for Wednesday, February 7th, at three o'clock, at 11, Chandos Street, W., at which the following resolution will be proposed:—

"That the resolutions passed at the special general meeting of the Royal British Nurses' Association, held on Wednesday, January 17th, 1906, be rescinded, and that the draft bill be re-introduced in the form in which it left the special meeting of the General Council, held on Monday, January 8th, 1906."

An Ideal Nursing Paper.

In another column we publish a very interesting and thoughtful article on what a nursing paper should contain. The article was sent in by Miss Barwell, and cannot be other than gratifying to us, since our own journal very nearly approaches the ideal outlined by her. We have for some time been contemplating the establishment of a column to be conducted by one of the leading barristers of London, so that nurses may be able to obtain authoritative advice when difficulties as to contracts, fees, &c., crop up in their experience. The suggestion as to a pass list is a very interesting one, and we shall always be glad to publish such lists sent to us signed by the matron of any hospital. For the rest, while not identifying this journal with partisan views, our columns are always open to those who have anything new, helpful, or interesting to say on nursing matters.

A Correction.

We greatly regret that in our report last week of the meeting of the State Registration Society our representative wrote that five nurses, instead of eight, were to be elected on the proposed council. This statement, which arose from a misreading of one of the clauses, is incorrect, as the clause in question 5 (*i*) stipulates that eight nurses shall be elected "as the direct representatives of the registered nurses of the United Kingdom, four to be elected by nurses on the General Register, resident in England and Wales, one of whom must hold the certificate of the Medico-Psychological Association, two by the nurses on the General Register resident in Scotland, and two by the nurses on the General Register resident in Ireland."

Royal Hospital, Chelsea.

On behalf of her nurses, Miss Satchwell, the matron, writes to point out that the wording of the Note in last week's issue does them a serious injustice, for it reads as though the defective or non-existent cooking and messing arrangements for the staff, and "bribery" by small gifts from the patients to the nurses for services, were co-existing evils. This, of course, is not what we meant to convey. It was only on the 1st of last December that the staff sat down to their first dinner, prepared and set for them in their own mess-room; while the stories of "bribery" are quite legendary, and in any case ancient history. It is a long time now since the Lords and other Commissioners of the Royal Hospital decided to introduce trained nurses as sisters in charge of the wards of this infirmary, who would never have tolerated such a state of affairs, and the present staff would neither expect nor accept such payment in return for their services. Although the nurses working under the sisters are untrained, they have womanly hearts and sympathy, and many of them have, and are well entitled to, the warm affection and esteem of their patients, who would be grieved to think that any aspersion had been cast upon them. The hospital is short-staffed, and in many respects not up-to-date, but this having been realised, steps are being taken to secure greater comfort for both patients and staff, and the authorities hope soon to be able to congratulate themselves upon many improvements.

Nursing for Medical Students.

Some weeks ago we referred to the lessons in practical nursing which are given by the sisters of the London Hospital to the students there, and we consider that it may be of interest to other nursing staffs to read the syllabus of the demonstrations, which are held every three months. We learn that the students find this teaching of the greatest possible benefit, and that thereby they learn what otherwise they would have no chance of learning. It is hardly necessary to add that the demonstrations, which occupy about one hour, are exceedingly well carried out by the sisters.

Medical.—1. How to change the draw sheet of a helpless patient. 2. How to lift helpless patients. 3. General care of patients' backs. 4. Arrangements to make patients comfortable. (Knee-pillows, water-pillows, water-beds, hot-water tins, bed-rests, &c., how to keep patients from slipping down in bed.) 5. How to make heart cases comfortable in bed. 6. The preparation and administration of enemata. 7. Care of patients' mouths. 8. Hot and cold sponging. 9. Hot-air bath and hot and cold pack. 10. Points in giving medicines, powders, and pills. 11. How to give hypodermic injections. 12. How to apply ice bags, blisters, poultices, fomentations and leeches, dry cupping. 13. Methods adopted to pancreatise and peptonise milk. 14. How to feed a troublesome infant. 15. How to keep a child still in bed. 16. How to keep heads clean and free from pediculi.

Surgical.—1. The undressing of accident cases. 2. How to change the under sheet and draw sheet of a helpless patient. 3. How to lift helpless patients. 4. General care of patients' backs. 5. Arrangements to make patients comfortable. (Knee-pillows, water-pillows, water-beds, hot-water tins, bed-rests, &c., how to keep patients from slipping down in bed.) 6. Treatment of patients with fractured spine. 7. The preparation and administration of enemata. 8. Preparation of patients for serious operations. 9. Anæsthetic vomiting. 10. Treatment of shock after operation. (From nursing point of view.) 11. The feeding of patients after operation. 12. Care of patients' mouths (especially after tongue and mouth operations). 13. Arrangements for continuous transfusion. 14. How to give hypodermic injections. 15. How to apply ice bags, blisters, and fomentations. 16. The dressing of burns and the cleaning of tracheotomy tubes. 17. Methods adopted to pancreatise and peptonise milk. 18. How to feed a troublesome infant. 19. How to prevent children from soiling dressings, and how to keep a child still in bed. 20. Methods of counteracting shock in babies. 21. How to keep heads clean and free from pediculi.

Army Nurses.

In Dr. Josiah Oldfield's article on a college of nursing, which we mentioned last week, he incidentally brings some sweeping, and, in our opinion, unjust charges against the nurses of England during the Boer War, and says the soldiers ("scores of them") said, "Oh, yes, the army sisters were all right to give you medicines and take your temperature and go round with the doctors, but really to look after you and mother you when you were sick, they were no good. Give me some of the old Boer women or the native boys for real nursing and making you comfort-

able." No one who knew the real facts of the case, and how the old Boer women nursed even their own children, and the shocking mortality amongst them, would leave our brave soldiers to them, or to the black boys. The old Boer women were—well, not the cleanest in the world, and they were glad to learn something from the English sisters, who took their girls into the Boer hospitals in the refugee camps, and taught them lessons useful all their lives. We need not say anything about the black boys, who had the faults of their race, and were more like idle children than men. They could not be relied upon, without constant supervision. Never shall I forget, writes an army sister, my treasured garden with the flowers grown in spite of storms, drought, and locusts, when I returned after two days' absence and found that the daily task of watering them, which was the duty of the native boys, had been neglected, and all my care for weeks and weeks was thrown away, as they were nearly all dead. To these boys Dr. Oldfield would trust the lives of our soldiers. He says: "From the trenches of the Crimea the face of the worn sister was as the peaceful vision of an angel which brought a glimpse of God's sacrifice at the burning pit of Hell. In the Boer War the sick man was not infrequently 'that grumbling No. 19,' while the pretty, clean nursing caps and aprons were not always absent from the officers' jollities." No, perhaps they were not occasionally, and in those long weary days of self-denial and hard, monotonous work, stretching out, not for weeks or months, but over two years, we are glad they were not always absent; they went back to their patients better and brighter for the change. The recreation most often indulged in and the most beneficial was a gallop over the veldt in the short time spared from duty.

But this is altogether an untrue picture of our English women; over a thousand went out to nurse our patient, not grumbling, soldiers. A great deal is said about a few frivolous ones, but little about the splendid, untiring work—unrewarded, as far as man sees—of the great majority of them. Those who know well what really took place are proud of our English women and their colonial sisters who helped them so bravely.

Irregularities in Sligo Fever Hospital.

In Ireland the fever hospital is a part of the workhouse administration, and is, therefore, under the control of the guardians. At Sligo, the absence of the hospital matron through illness appears to have let a little daylight in on the state of affairs, as the nurse from a Dublin institution has directed the attention of the Board to the lax management. To sum up, the condition of affairs is as far as possible from the orderly methods of a hospital, and considering the serious nature of the illnesses which are nursed in a fever hospital, it is to be hoped that the exposure may do good. The beds and bed-clothing were said to be dirty, as well as the wards, and the patients. There was a kind of happy-go-lucky issuing of stores, and handling of keys; a room in which a typhoid case had been nursed, and which was wanted for an extra nurse, could not be disinfected because the porter had locked his lodge and taken away the key. The ambulance van was uncleansed, and the summary departure of the laundress further complicated the situation. From the report it would appear that Sligo is in much the same condition as when visited by the *British Medical Journal* commissioner in 1896; and the cause of it all is that the management of the sick is not placed in the hands of those who understand the matter; the Guardians may do their best, but if they would appoint properly trained nurses, and make the medical officer responsible, with a superintendent nurse under him, things might be a little better. The whole question of infirmary nursing in Ireland wants re-modelling throughout, and until it is firmly handled, there will be the recurring difficulty of restlessness among the nurses, and unsatisfactory results among the patients. Much has been done, but much remains to be done.

Queen Alexandra's Military Nursing Service.

The undermentioned sisters have been raised to the rank of matrons:—Miss H. McCurdy, Gosport, Miss L. W. Tulloh, Canterbury, R.R.C. These are well-deserved promotions, and have given great pleasure to the recipients and their colleagues. Staff nurse Miss M. B. Williams is confirmed in her appointment, her period of provisional service having expired.

The War Office has notified to general officers commanding that there is a special staff of sisters and staff nurses of Queen Alexandra's Imperial Military Nursing Service at the Queen Alexandra Hospital, Millbank, and that the ladies are available for temporary duty in commands to nurse serious non-transportable cases in military hospitals not supplied with a staff of the Military Nursing Service, or to assist in the larger hospitals in times of pressure.

The last echo of the Gartloch Asylum nurses' dispute seems to have been heard. The Trades Council, which so gallantly took up the nurses' cause, has found that all of those dismissed, except one, have left the city, and that four have already secured other situations. There is, therefore, no need to take further action in the matter.

SUGGESTIONS FROM OUR READERS

Probably every reader of this journal has thought of something new which she would like to see in it, and she has now the chance of helping us and of gaining a prize herself by sending a suggestion for new features. The competition closes on February 17th, and we hope that before that date we may be inundated with useful suggestions for making this paper still more helpful and interesting to our readers. We should like to remind them that a slight payment will be made for any suggestion adopted, even though it does not win a first prize.

MEDICAL NOTES

URIC ACID AND DIET.

URIC acid, as we see in the advertisements of the daily papers as well as in some professional publications, is sometimes held up to us as a poison which is responsible for a large number of human ills. This is an extreme view, and, as Dr. Hutchison[1] points out, attributes to uric acid an importance to which it is in no way entitled. It is true that the waste products of fleshy foods, if retained in the circulation, give rise to illness; but simply because uric acid happens to be the most easily identified of those waste products, it does not follow that it is the only important factor at work. Uric acid is widely thought to be derived from flesh or meaty foods taken into the body as food, and also from foods which contain the chemical bodies known as "purins," namely, oatmeal, peas, beans, lentils, asparagus, onions, tea, and coffee. Dr. Goodhart,[2] in a common-sense and lightly written article on the dietetic treatment of uric acid, says that, try as hard as he can to see with other people's eyes, he cannot accept the dictum that meat has a dominant influence in causing the appearance of uric acid. He inclines, however, to the view that the rich gravies, sauces, spices, and pepper which often accompany a meat diet may have an adverse influence, inasmuch as they readily disturb a weak digestion. No doubt some people are better without much meat, but this does not prove that it is a universal rule. Too much bread and starchy food, on the other hand, especially in children, leads to an excess of red sand or uric acid gravel in the urine. Fat, ordinary table salt, some acid fruits, and wines should be taken with great caution. Above all, Dr. Goodhart pleads for a broader view of the subject than the one which holds diet the all-important factor. Different cases require different treatment. But the sum of his advice is that "strict moderation in all things, mind and body, is the rule of life for avoiding uric acid and allied troubles."

URIC ACID AND THE CAPILLARY CIRCULATION.

THE rate of the circulation of the blood through the capillaries of the skin is very readily estimated by pressing on the skin so as to empty the capillaries, thus producing a pale area, and then on removing the pressure by counting the number of seconds that it takes for the natural colour to return. In a paper read on January 9th, 1906, before the Royal Medical and Chirurgical Society of London, Dr. Haig has given a full account of his observations on the capillary circulation in its relation to uric acid, and on the condition of the capillary reflux in various morbid conditions. He believes that the quickness or slowness of the return of colour to the skin after pressure (capillary reflux) depends on the absence or presence of uric acid in the blood. If uric acid is present it obstructs the blood-flow through the capillaries and thus raises the blood-pressure in the arteries, the uric acid being present in a glue-like or colloid form. The rate of the capillary circulation is, therefore, an index of the amount of uric acid present in the blood, and shows whether the blood-pressure is high or low. In fevers, provided there is no dyspnœa which itself slows the capillary circulation, the capillary reflux is quick and the blood-pressure low because fevers remove uric acid from the blood. In Bright's disease, and in migraine or sick headache, on the other hand, the capillary circulation is slow, the blood-pressure is high, and the temperature is low because there is much uric acid in the blood. Drugs, such as calomel and acids, remove uric acid from the blood, and so quicken the capillary circulation and lower the blood-pressure; alkaline drugs, on the other hand, increase the amount of uric acid in the blood and have the opposite effect. As there is more uric acid in the blood in the morning than in the evening the circulation in the skin is slower and its temperature lower in the morning than in the evening, for it is clear that the temperature of the skin must depend on the circulation of blood through it. Dr. Haig very ingeniously argues that many symptoms and diseases such as headache, mental depression, epilepsy, Raynaud's disease, high blood-pressure and its bad results, migraine, albuminuria, Bright's disease, are due to uric acid. The presence of uric acid is, he considers, mainly dependent on food such as meat, and he has for years insisted on the importance of a uric-acid-free diet, which is briefly one mainly on vegetarian lines. Though the view that uric acid is a deadly poison is very far from being universally accepted by the medical profession, it is interesting to hear Dr. Haig's mechanical explanation of the way in which uric acid interferes with the capillary circulation and so does harm.

A NEW INTESTINAL ANTISEPTIC.

DR. MACNAUGHTON-JONES, in a paper read before the British Gynæcological Society last July, drew attention to instances of septic infection after gynæcological operations, which have occurred in spite of rigid asepsis. These may be cases of auto-infection from the adjacent bowel, injured by the separation of the adhesions, and through whose walls septic germs—*e.g.*, the virulent bacterium coli—can pass. It is therefore imperative before pelvic operations to disinfect the intestinal tract as much as possible. Dr. Macnaughton-Jones advocates calomel and free enemata before operation, and if, at the operation, there are bowel complications, he gives, by the mouth, the new antiseptic, called Cyllin, which is a very powerful germicide. Dr. Macnaughton-Jones also shows that it is the whole alimentary tract which needs attention, as parotitis after operation is often set up by a septic condition of the mouth, from dental caries or pyorrhœa. Cyllin makes an efficient mouth-wash in a 1 to 2,000 solution, and may be given up to 36 minims a day by mouth, for its action on intestinal germs. Dr. Longridge, during a discussion on the paper, stated that after eight days' administration, the

[1] *Practitioner*, January, 1906, p. 55.
[2] *Practitioner*, January, 1906, p. 9.

number of bacilli coli in the intestine was reduced by 97 per cent. Cyllin, 1 in 800, also completely disinfects tuberculous sputum, and, as it is practically non-poisonous, may prove a valuable addition to our list of antiseptic drugs.

Menorrhagia.

Speaking recently of the extreme menstrual losses to which women with uterine fibroids are subject, Dr. Thomas Wilson [1] stated that, in his experience, the best results were to be obtained from a combination of treatments. That which he preferred was to insist upon absolute rest during the flow, administer ergot, and paint the endometrium with iodine. As for hot douches, he also found them useful, provided they were given copiously. Each douche, he thought, should consist of at least five or six pints, a mild antiseptic, such as boric acid, or Condy's fluid, being added, and the temperature as high as 115° Fahr. Administered in this way douches were capable of checking profuse hæmorrhage, and therefore of service, even though the effect was not more than passing. Ice-bags to the hypogastrium he thought only desirable in quite mild attacks. Upon rest he laid much stress; it should be absolute, he thought, as long as the period continued, and there was much to be gained by making the patient, in the interval between the periods, habitually lie down for an hour or two in the middle of each day. Ergot he preferred to any other drug, and kept up its use for long periods. The doses he recommended were considerable, from half to one drachm of the liquid extract three or four times a day. He very rarely found ill results from the use of the drug in this way for a long time, though it was not a safe remedy in cases accompanied by weak heart-action. In such, attacks of syncope might occur after a few doses, while in all patients taking ergot, he reminded his audience, watch must be kept for toxic symptoms, such as a sensation of "pins and needles," or numbness in the extremities.

Eucalyptus Poisoning.

Several cases of poisoning by eucalyptus oil have recently been recorded, though none of the cases appear to have ended fatally. The dose taken has been about a teaspoonful, and this has proved sufficient to produce rapidly a condition of lethargy, passing into unconsciousness and coma. The oil is probably absorbed but slowly by the mucous membrane of the stomach, for in two cases, recorded in detail, the administration of an emetic, some considerable time after ingestion, quickly put an end to the toxic symptoms. The strong odour of the oil should prevent its being mistaken for other medicine, and being given in a large dose, so its presence in a medicine cupboard with other domestic remedies is not to be regarded as incautious. The bottle containing the oil, however, should certainly not be left standing about on washstands, as is so often the case, or in other places accessible to children, nor should those who believe the oil is a prophylactic against nasal catarrh deal with it as if it were entirely innocuous.

[1] Annual Meeting Mid-Wales Branch B.M. Association, 1905.

According to Dr. Urquhart, of Perth Asylum, the best work of the world is done by nervous persons, although the dull, phlegmatic sort, irresponsive to sensations, deficient in imagination, and slow in initiative, may give that stability which makes for endurance and persistence in the race.

THE MEDICAL JOURNALS

The Lancet, January 27th. (423 Strand; 7d.; postage ½d.)

Three Clinical Lectures on the "Acute Abdomen." By Wm. Henry Battle, F.R.C.S.

A Lecture on the Institution and Sanatorium Treatment of Pulmonary Tuberculosis in Relation to Large Centres of Population. By E. F. Trevelyan, M.D., B.Sc., F.R.C.P.

Remarks on the Evolution of Operative Gynæcology. By D. Lloyd Roberts, M.D., F.R.C.P.

An Experimental Investigation of the Budde Process for the Preservation of Milk. By R. Tanner Hewlett, M.D., M.R.C.P., D.P.H.

Two Cases of Leukæmia Treated by the Röntgen Rays. By W. Ironside Bruce, M.D.

"Interrupted Circulation" as a Therapeutic Agent, with Illustrative Cases of Rheumatoid Arthritis. By William Ewart, M.D., F.R.C.P.

Some Experiments in Hypnosis. By Edwin Ash, M.B., B.S.

The Acid Extract of the Duodenal Mucous Membrane as a Remedy in Diabetes Mellitus. By John Hill Abram, M.D., M.R.C.P.

A New and Easy Process of Triple Staining for Cytological and Histological Purposes. By Victor Bonney, M.S. M.D., B.Sc., F.R.C.S., M.R.C.P.

The Importance of a Strictly Limited Lactation. By A. Dingwall Fordyce, M.D., F.R.C.P.

The Nose in Literature. By P. Tetens Hald, M.D.

A Case of Congenital Right Inguinal Hernia containing a Meckel's Diverticulum Adherent to the Apex of the Sac. By C. B. Howse, F.R.C.S. A Case of Lumbar Puncture in Obstructed Labour. By Francis Frederick Jones, M.R.C.S., L.R.C.P.

British Medical Journal. (429 Strand; 6d.; postage ½d.)

An Address on Carcinoma of the Breast, and its Spread into the Lymphatics. By Charles Barrett Lockwood, F.R.C.S.

Remarks on Swellings of the Breast, their Diagnosis and Treatment. By Andrew Clark, F.R.C.S., D.Sc.

Enucleation of the Prostate for Hæmorrhage. By Sir William Thomson, C.B.

On Ventrifixation: with Details of a Complicated Case, by Sir William J. Sinclair, M.D.

The Immediate and Remote Results of the High Operation for Varicocele. By Edred M. Corner, M.B., B.C., F.R.C.S.; and Cyril A. R. Nitch, M.S., F.R.C.S.

A Case of Secondary Carcinomatous Growths Simulating Tuberculosis Hip-Joint Disease and Miliary Tuberculosis. By Robert E. Lord, M.D.; and Charles W. Buckley, M.D.

Simultaneous Excision of Two-thirds of the Stomach, the Anterior Face of the Pancreas, and the Transverse Colon for Carcinoma. By Chas. P. Childe, B.A., F.R.C.S. (Illustrated).

The Accurate Delineation of Tuberculous Foci in Early Disease of the Kidney in Women before Operation is Undertaken. By Hurry Fenwick, F.R.C.S.

Epistaxis and Calcium Chloride. By Arthur Todd-White, M.R.C.S. A New Treatment for "Housemaid's Knee," Subcutaneous Rupture of Enlarged Bursæ. By F. J. Allen, M.D. Chloroform in Consumption. By James Holmes, M.D. Larval Scarlet Fever. By J. M. Fortescue-Brickdale, M.D. Cancer Contagion and Inoculation. By H. Lawrie, M.B., C.M.

THE THEORY OF SURGICAL NURSING

By W. D. Wiggins, M.R.C.S., L.R.C.P., D.P.H., Assistant Superintendent, Greenwich Infirmary.

VI.—Local Conditions Influencing the Result of Operations.

THE local conditions, exclusive of local asepsis, which may influence the result of operations are those concerned with the blood supply. The blood supply is liable to local disturbances other than those attending inflammation, and a brief account of the cause and effect of such disturbances will prepare the way to an account of inflammation.

It will be necessary to assume that the reader has a general knowledge of the physiology of the circulation, but it may be well to review a few points on this subject. The local supply of blood to any given part is controlled by the small arteries which are capable of contracting sufficiently to exclude blood from the areas supplied by them or to dilate sufficiently to pass blood through every capillary connected with them. The arteries are under the control of the sympathetic nervous system, which is connected with the spinal cord and medulla, where the governing centres of the vascular system are situated.

There are two sets of nerves; one set, termed afferent (sensory) nerves, convey messages from the artery or neighbourhood to the nervous centre, and the other set, termed efferent (motor) nerves, carry messages from the centre to the muscle of the artery. The message along an afferent nerve is started by what is known as a stimulus. Thus, heat or cold, applied to small arteries, are stimuli; the afferent nerves convey the message heat or cold, as the case may be, and the nervous centres answer by means of efferent nerves, and cause the muscle of the artery to contract or dilate, according to the nature of the stimulus. The stimulus need not necessarily be a local one to influence the blood supply, for a stimulus may arise from the emotions as the result of hearing or seeing, &c., causing dilatation of the vessels of the face, as in blushing, or contraction, as in fear. It is spoken of as a reflex action.

Very violent stimuli, such as are caused by injury during a severe operation, may put the governing centres out of gear and lead to a general relaxation of the vessels throughout the body owing to the temporary paralysis of the nervous centres, a condition which plays an important part in shock.

For the blood supply to be normal, and, therefore, for the healthy nutrition of the tissues, the heart, arteries, capillaries, and veins must be normal in structure and under the control of the nervous system, and the usual forces concerned in the propulsion of the blood must be present. It follows, of course, that if the heart is the organ at fault, the blood supply will be affected generally. It is the local disturbances, however, that concern us, and they are called:—(1) Local anæmia; (2) active hyperæmia; (3) passive congestion; (4) strangulation.

Local anæmia. A total absence of blood, if permanent, naturally leads to the death of the area affected, a condition known as gangrene. Such a condition arises when the main artery of a limb is severed by accident, or when it becomes blocked by an embolism (clot, piece of valve, &c.), or by an overgrowth of the endothelial lining. This subject will need further description subsequently under gangrene.

Such conditions, as mentioned above, may be present and not give rise to a total absence of blood; the diminution in the calibre of the vessel will necessarily mean a diminution of blood circulating through the area supplied by the artery affected. The diminished blood supply will affect the tissues. A familiar example of this condition may be seen in old people. In old age, morbid changes occur in the arteries, which narrow the lumen of the vessel and therefore diminish the supply of blood. The effect can be well seen at the extremity of a lower limb. It is colder than natural, the skin is scaly, dry, and has lost its elasticity, the nails are brittle, and the muscles weak and subject to cramp. A slight injury to tissues so ill-nourished is a serious thing, as they have very little power of resistance to an invasion of micro-organisms, readily succumb to the toxins of putrefaction, and possess very little reparative power. Hot-water bottles placed against limbs in this condition may cause a slough where no damage would result had the tissues been well supplied with blood. It is in such cases that hot-water bottles are necessary; it therefore behoves the nurse to wrap the bottle in thick flannel, so that the heat is not readily conducted. In operations, the surgeon sometimes intentionally produces a temporary local anæmia to prevent loss of blood during an operation. Thus, in an amputation of the limb, the limb is elevated and emptied as far as possible of blood, and a tourniquet is applied with sufficient pressure to prevent blood entering the limb.

A temporary local anæmia also occurs from exposure to cold; some people cannot bathe in cold water without one or more fingers becoming dead white. The fainting which sometimes occurs during a hot bath is due to a temporary anæmia of the brain. The hot water has caused a general dilatation of the vessels of the skin, which then accommodate a large quantity of the blood at the expense of the internal organs. A cold douche is the obvious treatment, for it will cause the superficial vessels to contract, and so afford some blood to the internal organs.

After a temporary anæmia, produced intentionally or otherwise, there is always a reaction; the vessels which previously were empty now become engorged with blood, and cause the part to become appreciably warm. After an operation, blood-vessels which did not bleed at the time owing to a general contraction from exposure to the cool atmosphere, and to a diminished action of the

heart during the anæsthetic, may bleed when the reaction comes on, a phenomenon known as reactionary hæmorrhage.

Active hyperæmia, or an increased flow of blood through a part, may occur naturally as a physiological process, as examples of which may be mentioned the breast during lactation, or in the abdominal viscera during digestion. The abdominal viscera can accommodate a very large amount of blood, so much that when the mesenteric vessels are full, other parts of the body are poorly supplied with blood, symptoms of which are sleepiness and lack of mental and physical activity.

It has already been stated that active hyperæmia is the natural sequel of a temporary local anæmia. Active hyperæmia always accompanies surgical conditions, whether in the repair of tissues, in the separation of dead tissue, or in the natural resistance to an invasion of micro-organisms, and is an essential part in each of these processes. It may be purposely excited by the surgeon in the treatment of disease. It may be produced in one of two ways:—(1) Reflexly, by stimulating the sensory (afferent) nerves, as may be seen, by rubbing the skin in massage; (2) directly, by injury to the vessels themselves, as occurs during the application of a blister. The active principle of the blister (cantharidin), though it first stimulates the sensory nerves and acts reflexly, later finds its way through the skin and directly affects the vessels themselves, and causes active hyperæmia. It sometimes happens, however, that the surgeon may accidentally excite this condition. In operations on the urethra, such as the dilatation of a stricture, or even in some cases the passing of a catheter, the stimulation of the sensory nerves in the urethra is liable to cause a dilatation of the renal vessels to an extent that is dangerous.

The symptoms of an increased blood supply are only such as one would expect. If on the surface of the body, the skin will be bright red, exhibiting a fulness rather than a swelling, being distinctly warm and throbbing to the touch, and to the patient's sensations, and causing an increase in the secretion of the part.

Active hyperæmia, if it goes no farther, is a physiological rather than a morbid condition, and being usually of a transitory nature, produces no permanent effects. If, however, the hyperæmia persists, there may be an excessive growth of tissues in the part. As an example, we may cite the effect of continuous applications applied to the head with a view to producing a growth of hair by causing an active hyperæmia of the scalp.

Passive congestion. In this condition there is an increased amount of blood in the part, but unlike active hyperæmia, the blood circulates slowly, so that the blood flow is diminished. If the blood flow be entirely arrested, *stagnation* is said to have occurred. It is due to some interference with the return of the blood to the heart. The blood, therefore, tends to collect in the capillaries and veins, which are distended. The interference with the return of the blood to the heart may be due to:

(1) Valvular incompetence of the heart.

(2) Diminution of the circulatory forces.

(3) Abnormal resistance in the veins, capillaries, or arteries.

(4) The force of gravity.

I. Incompetence of the valves of the heart causes the blood to regurgitate and forms a serious obstruction, especially if the forces do not increase in power to counteract it. Thus incompetence of the tricuspid valves causes chronic venous congestion of the whole body.

II. Physiology teaches us that the main forces propelling the blood are the muscular contraction of the ventricles, the aspiratory force of the ventricles, the aspiratory force of the thorax during inspiration, and the pressure exerted upon veins by muscular action, which determines the blood towards the heart by virtue of the valves in them. *(To be continued.)*

MIDWIFERY NOTES

Guy's Hospital Gazette for November 18th, 1905, reports a clinical lecture by Dr. Horrocks which is most interesting, as some of his opinions are contrary to the usual practice of to-day. A few weeks ago a book by an American obstetrician was reviewed in these pages in which the writer strongly advocated, as a routine practice, the internal examination and careful pelvic measurement of every pregnant woman *before* labour set in. Dr. Horrocks, however, considers that the proportion of contracted pelves amongst English women is too small for such a proceeding to be necessary, unless, indeed, a lameness or deformity, or a history of rickets should indicate the advisability. Should the patient or her friends make the suggestion it would, however, be wise to accept it, and in this case the examination should be as complete as possible.

The rule that midwives should drop into the eyes of newborn infants some 1 in 4,000 solution of perchloride of mercury is not at all approved of by Dr. Horrocks. He considers the practice unnecessary in normal cases, and useless in abnormal—*i.e.* where the mother has a gonorrhœal discharge. In the latter case the eyes must be most thoroughly washed out, and a 2 per cent. solution of nitrate of silver be dropped in. The washing must be repeated several times a day. In normal cases, Dr. Horrocks orders the eyelids to be washed with boracic lotion, and no lotion or water allowed to enter the eyes at all.

Dr. Horrocks draws special attention to the fact that "women delivered in a gutter, *i.e.*, in some place where they have no skilled attention, always do well so far as puerperal septicæmia is concerned." The reason is not far to seek—it is because no germs *from without* are introduced into the parturient canal, and Nature is thus allowed to do her own physiological work in her own perfect way. The lecturer therefore in-

sisted on the wisdom of infrequent examination during labour—in fact, he considers it often unnecessary altogether, and would limit it to one very thorough investigation when first called to a case. He referred to a lecture reported in the *British Medical Journal* for February 13th, 1904, in which he fully described the method he advocated for this first examination, and on turning to it a most interesting article is found. Dr. Horrocks thinks the cause of some septic cases, in which hand sterilisation and other antiseptic measures have been well carried out, is the condition of the vulva. Without shaving, which in normal cases the patient would resent, it is impossible to keep it aseptic, though all that is possible should be done. It should be thoroughly washed with soap and water, and then be frequently swabbed with antiseptic lotion during the progress of labour. When an examination is to be made, the patient should be brought to the edge of the bed, and the clothes be so arranged that the left hand can do all that is required when the hand sterilisation is completed. After the usual three stages of preparation: (1) soap and water scrubbing—with a sterile brush; (2) lysol scrubbing with another sterile brush; (3) two minutes' immersion in the antiseptic lotion—the latter being done close to the bed—the left hand turns back the bedclothes, and separates the vulva, exposing the vagina, while then, and not till then, the right hand is removed from the lotion, and the finger introduced without touching anything, especially the vulva, *en route*. Should a second examination, later on, be absolutely necessary, no one of these precautions should be omitted, and only the one responsible for the case—be it doctor or midwife—should be allowed to examine at all.

In a forceps case Dr. Horrocks advocates the shaving of the vulva entirely, or at least of the posterior half. After the child is born he would allow no internal examination of any kind, and says: "When you consider the highly absorbent surface of the raw placental site after the third stage of labour, the numerous lacerations in the cervix uteri, vagina, and perinæum that are inevitably caused by the delivery of an average-sized child, particularly amongst primiparæ, in whom puerperal sepsis, probably for this very reason, is commonest, you ought to consider it just as dangerous to put your finger or an instrument into the vagina or uterus as into the peritoneal cavity."

In any case of vaginitis or gonorrhœa only discovered during labour, copious syringing *before* delivery should be employed, with aseptic swabbing of the walls, but *after* labour no syringing is permissible, as germs may be washed into the uterine cavity. Swabbing the vagina through a Sims speculum, and then packing the vagina loosely with iodoform gauze, wrung out of formalin solution 1 in 750, renewed twice a day at first and then once, is, perhaps, the best treatment. Dr. Horrocks thus sums up: "One of the very best methods of treating a woman in labour in order to prevent puerperal fever is to let her alone."

THE IDEAL NURSING PAPER

By Marion Barwell.

THE discussion in the *American Journal of Nursing* as to the scope and aim of a nursing paper raises points of much interest. One is disposed to agree with the correspondent who advocates more information on technical subjects and less of the personal element—in short, more about *nursing* and less about *nurses*. A nursing journal that regards disease and its treatment as outside its province, and only to be dealt with in a medical paper, can hardly be of much value to a nurse from a professional point of view. For disease and its treatment is the one subject above all others with which a nurse is most concerned. During her whole career her powers of observation are directed and her intelligence trained to understand and appreciate the manifestations of disease, and the work of her life is the carrying out of treatment for its cure or alleviation. A nursing paper ignoring the subject of disease and its treatment would be like the play of *Hamlet* with Hamlet left out, to use a well-worn simile. The ideal nursing paper should be a technical paper; it should deal with the practice of nursing, the profession of nursing, and its *personnel*, and it should have both its light and its serious side.

It should give its readers all the information it can collect about new discoveries as to the causation and origin of diseases, new methods of treatment, new operations, new drugs and their actions, new anæsthetics, &c., &c. It should have notes on symptoms and their significance, unusual cases, drug rashes, &c., indeed, on any and every subject that can help a nurse to understand more about the diseases and conditions she is called upon to nurse, and thus enable her to gain more knowledge of the aim and object of the treatment she is helping to carry out, and the actions and uses of the drugs and other agents she has to deal with. Nurses who are no longer in a hospital, where such subjects are always being discussed, and where busy doctors are most kind in making time to explain treatment and symptoms, will value greatly a paper giving them the information they have not the same opportunities of acquiring as in their hospital days. The dread of getting "behind the times" and being ignorant of new treatments which a six months' probationer has at her finger-tips, would be removed by the certainty that no discovery or new departure of any importance will fail to be reported upon in her paper.

These subjects cannot, of course, be dealt with at the same length, nor in such detail, in a nursing paper as in the *Lancet* or *British Medical Journal*, so that the list of principal articles in the medical Press which appears in the Nursing Times is of great value to nurses who do not see the medical papers regularly.

In addition to medical subjects, the ideal paper will have notes and articles on practical work, and will encourage correspondence on subjects of professional and technical interest, at the same time refusing to print childish letters on such

trivialities as "Should probationers wear pincushions?" "Can cap-strings be made compulsory?" "Veils and Vulgarity," and the like.

The ideal nursing paper must have the welfare of the nursing *profession* at heart; it must keep three great ends in view. (1) The better organisation of the profession; (2) the maintenance of a high standard of conduct and efficiency amongst its members; (3) The elimination of the unfit, uneducated, and untrained. But the ideal paper should be impartial in political matters.

The ideal paper will deal with every branch of nursing, military and naval, home, colonial, and foreign, hospital, district, visiting, private, asylum, and workhouse, and will also contain notes and news on midwifery, as well as on nursing itself. It will not neglect its *personnel*, and appointments, promotions, and resignations will find a place in its pages. A quarterly list of nurses certificated by general hospitals of over 100 beds would be an interesting feature (a kind of pass list, in fact). A legal column would be of much use. Short sketches of incidents connected with a nurse's life, competitions, essays, amusing sayings and doings of patients, their friends, &c., would fill its lighter side.

As to its ownership and management; to be the official organ of any profession, a paper must have the support and recognition of the heads of the profession it proposes to represent, and must not be the mouthpiece of an individual nor of a clique.

Journalism and nursing are two equally honourable, but entirely distinct, professions. The organisation and management of a newspaper requires a special training and education before it can be undertaken, just as much as does the organisation and management of the nursing department of a hospital. Amateurs would be equally useless in either case. But nurses should occupy positions on the journalistic staffs, and their expert knowledge and practical experience will thus control the nursing Press, though they do not bear its financial and commercial risks.

NURSING IN ITALY

It seems strange to learn that, in an enlightened country such as Italy, though the Italians have advanced so far in the study and practice of surgery and medicine, their nursing methods are still far behind those of other European countries. Indeed, as we understand the words "trained nurse," such a person does not exist in Italy. To meet the requirements of the tourists who swarm over Italy, English and German nurses congregate in the large towns and localities where they are likely to be required, otherwise such nursing as is done must needs be performed by the nuns, who, though ever willing to help, have not the necessary knowledge in most cases to be of any material assistance. In Rome there is the hospital of the English Nursing Sisters, and at Florence there is the English Convent, where the foreigner is admitted and nursed; and should he chance to fall sick elsewhere, he must needs make shift for himself in his own quarters.

LEGAL ADVICE

Notice to Our Readers.

We have decided to give our readers an opportunity of obtaining, without extra charge, legal advice on any questions of law which arise in the course of their professional work. We have, therefore, secured the services of a barrister-at-law, who will, week by week, answer such questions as may be sent to us by our readers. It is necessary that the coupon [LEGAL] which will be found on p. vii., should be gummed or pinned to the paper on which the question is written, and the question itself should state briefly, but clearly, the essential facts on which a legal opinion is desired.

Below we print a preliminary series of hints on that most important step which may so easily turn a just obligation into an unjust burden—the Nursing Contract.

THE NURSING CONTRACT.

By a Barrister-at-Law.

After reading a number of reports dealing with actions brought by nurses in various County Courts for the enforcement of contracts they have made, or for damages for breach of such contracts, I have come to the conclusion that a few hints on the making of contracts might be useful to those women who earn their own livings in this way, and conduct their own business unaided by legal or professional advice.

I may say at once, then, that in all contracts there are four great essentials, and they are:—

(1) That the parties to the contract should be legally able to contract.
(2) That these parties do really and mutually assent to the terms of the contract.
(3) That there is a "valuable consideration," and
(4) That something has to be done or forborne as the object of the contract.

I will take these great essentials in order.

(1) *The Parties Who Contract.*—As incapable of having agreeing minds, intoxicated persons and persons of unsound mind are incapable of contracting; but any person under twenty-one, *i.e.*, an infant, is liable for contracts made by him or her *for necessaries*, and in the case of illness, proper skilful nursing would be a necessary; and a married woman may now sue (and be sued) as if she were a single woman, and her husband need not be joined. Consequently marriage makes no difference to the power of a nurse to enter into a contract to render professional services.

(2) *Mutual Assent.*—I cannot lay too much stress on this great essential in a contract. It is absolutely necessary that both the parties should agree to exactly the same thing. There must be a clear and direct offer on the one side, and a clear and direct acceptance on the other of *exactly the same thing*. If A offers B *xyz*, and B writes and accepts *xyz and w*, or even *xyz* conditional on *o*, then A's offer is not accepted. There is, instead, an offer by B, which it is now A's turn to accept or reject. Nothing is binding between the parties until a clear offer has been uncon-

ditionally accepted. Then, and not till then, there comes into existence a complete and a binding contract.

I lay great stress on this matter of "Mutual Assent" because it is the cause of nearly all the trouble arising out of contracts; and before leaving the subject I should like to point out—what many people do not know—that when it is reasonable that an acceptance of an offer should be sent by post, then the moment that acceptance is posted, the contract is complete. Note that I do not say "received by the person who makes the offer." That was the law once, but it is so no longer. It is *the posting of the acceptance* which completes the binding contract.

(3) *The Consideration.*—This means that it is essential to every contract that the consideration for doing or forbearing from an act should be *real*. It need not be *adequate*—the service may be slight and the remuneration great or *vice versâ*. There may be, indeed, no remuneration in the popular sense of the word. For example, a person who has a valid claim on A for something or other may agree to waive that claim if A will do or forbear from doing some act; and the waiver of the claim would be valid consideration. As a rule, however, very little real difficulty arises out of the question of consideration, provided that the terms of the contract are clear and mutually understood.

(4) *The Object of the Contract.*—As long as the object of the contract is neither illegal nor immoral, nor impossible of performance, almost any undertaking may be the object of a contract. As to impossibility of performance, the incapacitating illness of the promiser—*e.g.*, of a nurse who has promised her personal services—would render her contract void, and she could not be sued for damages for failing to fulfil it.

Now there is nothing whatever to prevent a contract being wholly verbal, and I daresay the majority of most nursing contracts are of that nature. The chief objection to verbal contracts is the difficulty of proving what the contract really was, and my advice to a nurse is to have a written contract—a mere interchange of letters in which 2, 3, 4 of the essentials of a contract appear will do—whenever she can obtain it. She should place a 6d. stamp on the letter she receives, and write the date across the stamp—then, and then only, can it be produced in court as an *agreement*. But I would add that if there has been a verbal agreement and the terms were afterwards embodied in a letter, and that letter was not stamped within a fortnight after its receipt, then, as it will be too late to stamp the letter and produce it in court as an *agreement*, it may still be used as an ordinary letter in *evidence* of what the verbal agreement was.

But there is one occasion on which a nurse should be very careful to see that she has a written agreement, letter, or memorandum referring to the contract. This is in the case where she contemplates entering into duties which are not to be completed within the space of one year from the making of the agreement. Suppose that on February 1st a nurse contracts with the superintendent of a hospital or nursing home to join the nursing staff of such an institution that day week at a salary of £30 per annum. That is a contract to render for at least a year certain services which would not be completely performed within one year of the date of the contract; and unless that agreement or some memorandum of it be in writing and signed by the person engaging the nurse's services, then that nurse will not be able to bring an action on that agreement. A verbal contract in such circumstances is not illegal, but you cannot bring an action on it should you wish at any time to claim your rights under it.

I may add—for there seems to be a general impression to the contrary—that an agreement entered into on a Sunday is perfectly valid.

I have now sketched in the briefest outline some of the main points which a nurse should study before she enters into contractual relations with an employer. Practical questions arising out of such relations naturally crop up in infinite variety; but as I understand that the editor of the Nursing Times is prepared to answer (through the legal adviser) any such questions put by subscribers, I can now safely conclude these general and preliminary hints on the nursing contract, by which so many nurses stand or fall.

HOSPITAL NIGHT NURSING

By E. A. Stevenson.

After a year or two years on day duty, a probationer has "seen something," that is to say, she has become familiar with hospital life, discipline, and much of the theory as well as the practice of nursing. She has seen some of the ups and downs of life which are met with in every hospital ward. In a few cases, she has seen the candle of life burn low and then flicker out. Altogether she is not quite the same woman as she was before.

Some look forward to night duty because of its increased responsibilities and opportunities. Others think with horror of the isolation, darkness, and difficulties which are sure to be met with.

To the true nurse, I believe that night duty has few horrors and many compensations. To those who, from modesty, are wanting in self-confidence, time will bring self-reliance. Knowledge will increase with larger experience.

If anything shows of what "metal" a nurse is made, assuredly night duty does, and from this period of service promotion is often dated.

Before commencing night work it would be well for every nurse to consider her duties to her patients, the hospital, and, lastly, to herself.

It would be difficult to over-estimate the responsibility of a night nurse towards her patients. It is true the night superintendent comes round, and has everything and everybody under her watchful eyes, but, after all, the nurse is practically alone, and has the care of lives in her hands. During the daytime much goes on to

amuse and brighten the occupants of a ward, but to many the hours of darkness mean pain, sleeplessness, weariness, and loneliness.

Much depends on the nurse—her attention to details, her promptitude, and last, but by no means least, her manner. Some persons have a soothing influence; others, unfortunately, have the reverse; but a woman who by her presence irritates instead of soothes is not a nurse in the true sense of the word, and has mistaken her profession.

The night nurse's attention will be taken up chiefly by serious cases. Patients, as a rule, are exceedingly unselfish and seldom grudge attention bestowed on really "bad cases"; but the nurse's eyes should be on all, and she should always be quick to show that she appreciates thoughtfulness for others, and consideration for herself.

Favouritism should have no place in the hospital ward. If this rule applies to the day staff it applies tenfold more to the night nurse.

The hospital exacts many duties. In faithfully fulfilling her duties to her patients and to herself the nurse will, in the highest sense of the word, be fulfilling her duties towards her hospital.

To herself the night nurse owes a duty. Day sleep is never the same, never so refreshing as that obtained between the hours of sundown and sunrise. Night duty is therefore trying to all, and doubly trying to those who sleep badly. Every precaution should be taken to keep in good health, physically and mentally.

Often after a hard night, there is little inclination to go out, but a walk, cycle run, or even a ride on the top of a car is, I believe, an absolute necessity. In summer weather sitting out is a restful means of getting fresh air. One should beware, however, of sleep stealing on unawares.

I well remember an amusing incident in my own night-nursing days. Accompanied by a fellow-night nurse, I went into the garden of a certain grey old infirmary in Scotland. It was an exquisite summer morning. We were tired after a hard night's work, and readily fell asleep, my friend in a hammock, which she had swung under a fine old elm, and I snugly wrapped up in a rug on the lawn. Late in the afternoon the matron found us, and gently roused us. It is needless to say our confusion was great, and our apologies humble. Perhaps we got more consideration shown to us than we deserved. We were sent to the nurses' pantry to have something to eat before going to bed. In treating this misdemeanour of the daytime so gently, our loved and respected matron must have been satisfied with our work, for no one has a higher ideal of the responsibilities of night nurses.

As to whether going out to amusements is beneficial, it may be best for each nurse to decide for herself. If she feels brighter and more fit for work after having attended a concert or a play, then by all means let her take advantage of such when she has the opportunity. If instead of feeling fresher she feels tired, it may be better for her to eschew entertainments during her term of night duty.

THE SCOTTISH DISTRICT TRAINING HOME

By Sarah A. Tooley.

(*Author of "The Life of Florence Nightingale."*)

THE story of the Queen's nurses in Scotland begins in the Jubilee of 1887, when Queen Victoria set apart £70,000 out of the Women's Jubilee Gift for the purpose of training and providing nurses for the sick poor in their own homes. Her late Majesty, prior to granting the Charter of Incorporation, nominated a committee, consisting of the late Duke of Westminster, Sir James Paget, and Sir Rutherford Alcock, "to consider and report on the best means of effecting her wish to benefit nurses, as well as the nursed." The recommendations of the committee resulted in the foundation of the Central Institute for Nurses in London. It was further considered desirable that sister institutes should be founded in Edinburgh and Dublin, and the Scottish District Training Home, 29 Castle Terrace, Edinburgh, is one of the results of the scheme.

Queen Victoria entrusted to the Countess of Rosebery the formation of the Provisional Scottish Committee, which received £400 per annum as its share of the Jubilee gift. The late Countess of Rosebery presided over the Scottish Committee until her death in 1891, when Queen Victoria appointed Princess Louise Duchess of Argyll to be President, a position which her Royal Highness still occupies. The work had a modest beginning in a temporary home, consisting of a double flat in North Charlotte-street, Edinburgh, and Miss Peter, the first superintendent, an account of whose career appeared in The Nursing Times for July 15th, 1905, started work on April 1st, 1889, with three nurses. These pioneers had some uphill work to do in overcoming the national prejudice, more marked in Scotland than elsewhere, against permitting a stranger to enter the homes, even though on an errand of mercy to the sick. However, the district nurses made their way surely, and rapidly, and by the end of two years their number had increased to fourteen, and they were established in a permanent home in Castle Terrace. To-day the Council are responsible for fifty-two nurses and probationers; of the latter twenty-three are receiving hospital training, and twenty are at the later stage of training in the district home. The local nursing homes at Glasgow, Aberdeen, Dundee, and Paisley train most of the nurses employed on their staffs.

The extent of the work done by the Queen's nurses may be gauged by the following comparison:—The number of inhabitants of Edinburgh and Leith, recorded in the last report as nursed in the Edinburgh Infirmary, was 5,592, while those attended in their own homes by the district nurses amounted to close upon an equal number, being 5,173. The Edinburgh Home has an average of 410 cases per month. The Jubilee grant is augmented by public and

private subscription, and additional funds are greatly needed to enable the council to meet the ever-increasing demand for more nurses amongst the poor of Edinburgh, as well as to extend the national work to districts in need of trained nurses, but unable to provide all the funds for

MISS COWPER, THE PRESENT SUPERINTENDENT.

their support. The appeal of the Duchess of Buccleuch, as vice-president of the council, resulted in £12,000 being added to the capital funds. An anonymous gift of £1,000 was received in 1903, and the Edinburgh Parish Council increased its grant.

One cannot speak too highly of the services of Miss Guthrie Wright, who has been hon. sec. of the institute since its initiation, and who, in addition to a continuous effort to provide funds in an ordinary way, has acted as hon. sec. for the Queen's Commemoration Fund, 1897, and the Queen Victoria Memorial Endowment Fund, both for the benefit of the institution.

The chairman of the Executive Committee of the institute is Dr. Joseph Bell, whose constant interest, and kind care of the nurses when ill, is invaluable and much appreciated.

The home is conveniently situated between old and new Edinburgh. On one hand are the alluring shops of Princes' Street and the brightness and gaiety of outlook, beloved of tourists, and on the other hand are the Cowgate, Grassmarket, Lawnmarket, and the old High Street, with tenement dwellings crowded with poor people, to which the nurses hie on the errands of mercy by short cuts from the home through various courts and alleys. The house commands a view of the picturesque castle-crowned rock of Auld Reekie, which towers in front of the windows like a sentinel on guard.

When I visited the home one summer evening, the setting sun had left the castle rock dull and grey. In her office Miss Cowper, the recently appointed lady superintendent—a "graduate" of the Royal Infirmary, Edinburgh—who had formerly been assistant-inspector, sat at her desk closing up her memoranda for the day. In the hall one encountered many nurses, bag in hand, returning from their districts. The home seemed, indeed, a busy hive of "Queen's bees," and much honey of humble gratitude for kind and gentle deeds we hope they had garnered for their spirits' refreshment. Under Miss Cowper's guidance I made a tour of the building, and the accommodation for the nurses seemed comfortable and complete. The nurses' sitting-room commanded a close view of the towering Castle Rock, and on the other side of the hall, and having a similar outlook, was the large, pleasant room sacred to the superintendent, above which is the sick-room for nurses. In the council room stood the bust of Florence Nightingale, who is regarded as the patron saint of the institution, and who now and again gives proof of the interest which she takes in the Edinburgh nurses. On the wall of this room hung a large map of Scotland, on which were marked the 174 branches throughout the country which had emanated from the Central Home. It may well be proud of its progeny. Jubilee Day, June 20th, is annually celebrated by a reunion, at which the mother institution gathers around her as many of her children, old and young, as can attend.

There had been a most interesting gathering just before my visit, when 100 nurses, many of whom had come in from the country districts, assembled at a farewell luncheon to the retiring lady superintendent, Miss Wade, who succeeded Miss Peter and had filled the post for twelve years. Miss Wade has a good nursing record. She

MISS WADE, SUPERINTENDENT FOR TWELVE YEARS.

MISS COWPER AND SOME OF HER NURSES.

trained at the Royal Infirmary, Edinburgh, leaving there in 1886 to join the National Metropolitan District Nursing Association in London, and after nine months there and at the Kensington branch was appointed in January, 1887, as first of Princess Christian's trained nurses, Windsor, and in 1889 as superintendent of that branch. In 1891 Miss Wade became superintendent of the Chelsea and Pimlico District Nursing Association, in affiliation to the Queen's Institute, and on application to the Institute was placed on the "Queen's Roll" as an already trained district nurse. In October, 1892, Miss Wade was appointed superintendent of the Scottish District Training Home, Edinburgh, and inspector of Queen's nurses in Scotland, which post she resigned, through ill-health, to the great regret of herself and those among whom she had so successfully laboured.

But to pass to the rules and regulations of the Scottish District Home. As the training given is only for district nursing, a nurse is not, as a rule, received into the home until she has received a *minimum* training of two years in a general hospital approved by the council. The nurses go through six months' district training in the home, with attendance at courses of lectures on hygiene, gynæcology, fevers, and diet given in the home by eminent doctors, and have the benefit of a course of invalid cookery by a certificated teacher, and of a course of lectures on district nursing, given by the superintendent. They are trained in their district work by the district superintendents, who teach them the methods of nursing the sick poor in their own homes. The trained hospital nurse finds that she has much to learn before she can become a successful Queen's nurse. Applicants are taken on a month's preliminary probation before they are definitely received into the home. At the beginning of their six months' training the nurses are engaged by the council for two and

ONE OF THE CLASS ROOMS.

two and a half years to serve the institute wherever they are sent.

The routine of a day in the District Home is as follows:—The rising bell rings at 6.45 a.m., and after prayers the nurses breakfast at 7.30 a.m. Immediately afterwards they go to their rooms, make their beds, and get ready to set out to their districts. Bags are replenished with dressings, lotions, old linen, and all that is required for the day's work. Eggs, beef-tea, and clothing, supplied by the Scottish Needlework Guild, are taken to necessitous cases. At half-past eight the nurses, having received their instructions, set out from the home, diverging on their several ways to penetrate the crowded courts and climb the long stairs of the high tenement dwellings, for which old Edinburgh is famous. All whom circumstances permit return to dinner at 1.30 p.m., and after dinner each nurse reports her morning's work to the superintendent, and seeks advice in difficult cases. Two afternoons in the week are taken up with medical lectures, and the alternate afternoons are devoted to study for examination. Tea, served at a quarter to four, is regarded as the pleasantest meal of the day, and after the "cheering cup" the nurses set off again on their second round to attend to new cases which have come in during the day and to those which require a second visit. They return to supper at 8.30 p.m., when the day's work is supposed to be over. They again report their visits to the superintendent. After prayers the nurses enjoy a period of well-earned relaxation in their comfortable sitting-room, where there is a piano and literature provided for their amusement. They retire at 10.30, and lights are turned out at 11 p.m. If the night bell rings for an urgent case, someone has to rise and go through the darkness to the abode of suffering. Night attendance is regulated so as to involve as little strain as possible on the nurse. Sunday is kept as a day of rest, save for urgent cases which must be visited. It is a rule of the institution that there shall be no "shop" talked during meals, and the conversation is directed to topics of the day. The Church controversy must, one feels sure, have provided a topic during last year calculated to act as an antidote to lint and bandages.

The nurses receive a salary of £35 a year with board, laundry, and uniform. The council is thoughtful in its schemes for their benefit. A pension fund has been founded to increase the provision which nurses may make for themselves. There are two pensions of £10 each, viz., the Florence Nightingale Pension and the Lady Rosebery Pension, and to be eligible for these Queen's Nurses must (1) have served twelve years in that capacity, and of that time not less than six years in Scotland; (2) they must satisfy the council, or a committee appointed by the council, that they have made satisfactory and systematic effort to make provision for themselves, unless prevented by approved family claims, or by ill-health; (3) they must have attained the age of fifty years.

At the Edinburgh District Home nurses are received on holiday for 10s. 6d. a week. There is also a sick and superannuation fund for the benefit of nurses. It only remains to say that Miss Cowper, the superintendent, is aided in her work by Miss Philp, district superintendent; Miss Myers, assistant-superintendent; and by Miss Rumsey and Miss Burford, inspectors.

WOMAN'S WIDER WORLD

In April of last year a separate police court to deal with children's cases was created in Birmingham, and a report of the work done in it has just been published. A total of 632 charges was heard, and of these 380 were adjourned on promises of good behaviour. Only nine boys and one girl were sent to a reformatory; in 47 cases parents were bound over for good behaviour, and in 34 cases they were fined for allowing their children to beg in the street or for conducing, by neglect, to the children breaking by-laws relative to street trading. The Bench found that the children were much more ready to give information and to answer questions than they were formerly in the large crowded police court. It is suggested to establish "probation" officers, who will from time to time visit young offenders whose cases have been adjourned, and report on their behaviour and progress. In some parts of the United States this plan has been worked with most beneficial results to parents as well as children.

At the annual meeting of the Scottish Central Bureau for the Employment of Women, Canon Cowley-Brown thought that the increasing demand for employment on the part of women would necessitate the drawing of the line somewhere. Speaking as a mere man he would be sorry if, by reason of the opening of so many careers to women, the number of helpmeets to man should be seriously reduced. In the colonies men were calling out for wives, and he might suggest to the institution the addition of an emigration department. We cannot admit that the knowledge of a profession renders women either unfit or unwilling to be helpmeets to men; it gives them rather a wider outlook on life.

In the handbook just published by the National Union of Women Workers, there are some interesting facts given under the report from the Central Bureau for the Employment of Women. One of their members is preparing to study veterinary surgeon's work in the United States, where the profession is open to women. She hopes to return to England to teach, and intends to specialise in the treatment of dogs. It appears that the demand for elementary school teachers, for lady nurses for children, and for lady cooks is still greatly in excess of the supply; and of the newer professions which are not overcrowded, house-decoration, artistic dressmaking and designing, children's dressmaking, hair-dressing, and some branches of leather work are suggested. A Blue Book recently issued on the training of forestry students and another containing a report on the fruit industry in Great Britain, seems to offer glimpses of new possibilities for women in the future.

THE TEA-TIME FEELING

By Jessie Murray.

JUST as there is a particular "Sunday feeling," so, I think, there is often a special "*tea-time feeling*." With us in the heavy woollen district the tea-time, strictly speaking, is about six o'clock. But the feeling I speak of is one which attaches to the earlier and lighter form of meal, the afternoon tea, which, for me, is the last tea meal of the day. It is laid on bare mahogany of the warm red shade, and is sipped out of Rockingham (your mother's before you). The silver service is thin with age and dinted, and it has those peculiar dark shadows which only old silver possesses. My acquaintances have ceased to call, and the outside world calms down. The hurry of feet on the pavement lessens; the cheerful town is resting.

By and bye, I shall hear the scrape of chairs on the kitchen floor as my maids rise from the discussion of their meals and of my shortcomings; just now there is a hush, and the pulse of this scrubbed and polished West Riding town is stopped for a spell. The very footfalls sound more temperate as I glance up from my work. The large, benign policeman treads with even more deliberation; the old woman drags a few leaves with her dress, and the sound penetrates, as an hour ago it would not have done; the child with the skipping-rope forbears to skip. She runs lightly and twirls it, doubled in one hand. She is late for her "drinkin'" perhaps. The church chimes 5.45. I wish I could decide which book to take down from the shelf; but out of many it is difficult to select, and I feel I am wasting time in my indecision. At length I choose my Keats, for it is the end of August, and I recur, as often before, to his one perfect piece. I can hear the robin's two acid little "cheeps"! He sings prettily in summer, but we hardly give him a hearing. It is only in autumn we listen to him. He is eating my crumbs in order to deprive the sparrows of them. It is impossible he can be hungry. It is warmer since tea, and to-morrow I must have my tray out of doors with the world for my slop-basin and my tabby or my terrier for my pensioner.

Two pairs of feet and some bright chatter, and those girls, whom I see so often pass up and down, are crossing the road. Their dresses have made me dub them "the rectory girls." Their clothes are fashionable, but are unfashionably worn. I have no doubt the girls look very charming when all the world's asleep. The ubiquitous trained nurse slips down-hill, with rubbered heels, arms swinging. She is "on-day" and is out for the hour, which her rules enjoin, but which she does not always get. There goes the handywoman.

"While barred clouds bloom the soft dying day."

This is the hour of all others when a poet's visit would be most acceptable. If Keats were here I would give him a dose of cough mixture and ask him to read me his "Grecian Urn." I should get him to tell me when and where he wrote it. I would say his "Autumn" has no inappropriate word in it, and I would trick him into telling me what is the matter with Browning's excellent stuff. The "ting" of the tram conductor's punching-machine sounds sweet in the resting street, as the nearly empty car stands waiting for its opposite number. The driver is munching his buttered tea-cake, and he drinks from a blue mug as he offers an amiable observation to a passer-by, "A grand day, lad." "It is that. It's been a champion summer, and all, champion." The lad is my old gardener, sixty-five years of age, who is now wearing his third wife. The trams pass each other, and all is quiet again. A breeze lifts the branches of the trees, and a small shower of shabby leaves falls to the ground. In some other places, of which I am thinking, scarcely a leaf knows that autumn has come. But those places are in the playground, which is a very great way apart from the workshop.

The old woman next door retraces her steps, just staying a moment to look at my red path. Her own path is a black one of "ashfelt," as she no doubt calls it, and she thinks she prefers it to mine. The next tram will be full, and our tea-time feeling will have broken up. The handywoman returns on the other side. She has only been to the post to send off her overdue letter to her mother. I hear the scrape of Stuart's chair on the oilcloth, and I experience a pang as I realise that another tea-time is vanishing and that I have not used its leisure to the utmost.

6.15. That gong means that Miss T.'s family are sitting down to their tea. It is one of those teas the chief features of which were examined and analysed as closely in the London papers a while ago, as though it were some old Japanese custom recently discovered. The men of the party have been at the mill ever since their one o'clock meal, and they are glad to be home again. They will hear who has called, and who is ill, and who is well again, and whose houses are re-opening after their month at the sea. They are being helped to fish and to strong, sweet tea in large cups. Cut bread and butter abounds on d'oyleyed plates. Fish gives way to buttered tea-cakes, plain and currant. There are three sorts of jam, a seed-cake, and some buttered biscuits called hard-cakes. Another cup of tea, and then a third, or perhaps half, if Miss T. looks worried, and the meal is at an end. Miss T. scans the d'oyleys, and, as a result, "the girl" hears with much satisfaction that three of them will serve again. They are severally of crochet, netting, and hair-pin work, and Miss T. knows them intimately. She could tell you at a moment's notice if she made them herself, or if she bought them. If the latter, she knows what they cost, and which of them gets up the most satisfactorily. Pipes for the gentlemen ensue with the making of d'oyleys or table-centres for the ladies, and by and by the married son and his wife drop in. The one brings the evening paper, the latter a tray-cloth which she is working for the next sale of work at her chapel, called by the name of the street it is in. Bright and pleasant family chat

goes on unflaggingly, till the evening tray arrives with its buns, milk, cocoa, and whisky. The pianola is put on, and perhaps the phonograph. The halfpenny paper is scanned for cricket news, till the lady visitor folds up her work and tells *father* (her husband) it is time to be going home. "Father" obeys cheerfully, with a good-humoured remark on his habits of obedience. And so ends one of the T.'s "*Evenings at Home.*"

6.30. I wonder if there is any tree-vanity. I suppose not, for there are no tree fashions. But do trees grieve when they lose their first leaf, and do they sorrow when their branches are left bare? Does the birch pity the sycamore that his bark is not a smooth, gleaming one? Or does the sycamore hint to the elm that its recesses are not so deep or so leafy as its own? In the spring, does the laburnum, standing there by the thorn, exult in its long, yellow racemes thinking them possessed of twice the style of the stiff, white may-blossoms? Very likely. But when they are bare, what then? I think they have their pride, if not their vanity, and that they must feel aggrieved when they remember, as some of them are old enough to do, the autumn glory which used to be theirs in full measure before the first chimney was built. Ah, there goes another little shower of leaves, brown and brittle. It will not be long till the "faint old man sits down by the wayside a-weary."

Miss Cox says autumn makes a great litter. Dead leaves get into her leads, her drains, and her gutters till she quite dreads the season, and she has to be as much on the alert as during a winter's thaw. She looks out at the trees when she has leisure, and sighs as she recognises that the time of fires is at hand, the time when her dwarf curtains only last clean for four weeks at a time. It may be that she says three weeks. Of that I am not perfectly assured, for though she has frequently recited to me her curtain experiences, yet I have not made of the subject as conscientious a study as I feel I ought. Curtains are a matter she treats exhaustively and pathetically. Poor Miss Cox! Her cook once told me she "reckoned she dreamt o' sut-smits."

I am afraid there is only a very short tea-time feeling for her! Such confirmed industry as possesses her leaves no room for it, V. says.

The parish church clock, a mile away, sounds very distinctly chiming the three-quarters. Stuart's foot-fall is invading the quiet house, the tea-time feeling has completely given way. Miss Cox lets out a visitor, and sees him to the gate. It is the minister of Trafalgar-street, a little eloquent Welshman, with a globe-shaped head.

"If you please, m'm, we are out of butter in the kitchen."

"Very well, Stuart, I will see to it."

THE CASE OF FRAU KLOTZ

By Mary Hargrave.

THE band plays every afternoon in the gardens in front of the Kurhaus of Salzbad, whilst the visitors to the mineral springs drink their afternoon coffee.

On this particular afternoon Frau Klotz had, as usual, annexed her own favourite little table and the sympathetic English governess. The two ladies imbibed the same iron spring every morning, and perhaps this was the reason of their intimacy. In appearance no two persons could be more widely dissimilar than round, dumpy Frau Klotz and the tall, thin Mees. But Frau Klotz had taken a great fancy to the governess, who was a splendid listener, and of an appropriate age, being, as the Germans put it, a "not quite young maiden."

"How nice you look to-day!" said Frau Klotz, as they drank their coffee. "Mees, Mees, why don't you marry?"

"Whom?" asked the Mees, patiently. She glanced round at the little white tables crowded with women.

"Oh, nobody here!" said Frau Klotz, with disdain. "I should think not, indeed. Over two thousand women and only five men in the place! And those five all with stomach complaints. What a pity, now, your people didn't go to Ostend instead of this ladies' watering-place! It's unselfish of me to say so, because I shouldn't have had the pleasure of your society if they had. However, if you *had* gone there, who knows? You might have met someone. Here you certainly won't—and that makes another summer gone!"

The Miss smiled rather a superior smile. "I am not so anxious to be married," she said, with dignity.

"No, you English are so independent. With us it's very different. I, for instance; no other career was possible for me. Pardon, aren't you going to eat your sugar? If not, I'll take it. We have paid for it, you know, and sugar is really very dear." She produced a piece of paper and deposited therein the three lumps of sugar left by her companion. "I always take it," she said. "It is originally an English custom, I understand, to take the sugar and the candles in the hotels. Ah, you English are always so practical!" She put the sugar in her work-bag; it was a daily ceremony. "Well, what was I saying? Ach—about myself. I never met any men except a few students, who flirted but couldn't marry, and I was getting on in life when my old man appeared. He proposed, and what could I do? I hadn't a farthing of *dot*, but it didn't make a bit of difference to him. He said he had enough for us both, and he didn't want money, but *me*! That sort of thing is flattering, after all, eh?" She spread out a round bit of crochet-work, and smoothed it with complacent little pats, her head on one side.

"He is older than you, is he not?"

"Of course. Much. Old enough to be my father. I nearly said grandfather!"

"That doesn't matter if you are happy," said the Miss, politely.

"No, of course not," answered Frau Klotz, hastily. "We jog on all right," she added. "I do as I like. I wish I didn't sometimes. I wish he wouldn't go on getting so deaf. I shout at him, 'Are you deaf, or have you cotton-wool in

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your ears?' Then he always shows me that he has no cotton-wool in his ears." Frau Klotz laughed. Then she said, suddenly, "Mees! shall I show you his portrait?"

"Oh, do!" said Mees.

"I brought it on purpose to show you," said Frau Klotz, putting down her crochet and fumbling in her work-bag. "A great favour, I assure you. I don't generally show him. Now, don't expect a vision of beauty!" She drew a small photograph from her bag. "One, two, three!" She flourished her consort's picture in the air like a conjuror. "Hey, Presto!" She danced him before the eyes of the impatient Mees. Then, at last, soberly and softly, she dropped him, as in a card trick, featly on the table between the Mees's expectant hands.

"Don't be alarmed," she said, half whimsically, half shamefacedly.

The Mees would, in fact, have started had she not, owing to many vicissitudes, learnt self-control, when she beheld the face of the old man who was Frau Klotz's life-partner. She was really shocked. For she had never imagined anyone so patriarchal as a possible husband of the lively, barely middle-aged Frau Klotz. Old, feeble, with round, vacant eyes and flabby mouth, an image of senility, not only old, but decrepit, was Herr Klotz.

"Well, are you falling in love with my old man?" asked Frau Klotz, gaily. "Don't make me jealous!"

"He looks very kind," said the Mees, at length.

"Yes, that he is," said Frau Klotz, thoughtfully. Then, impatiently, "Yes, *that* he is, at any rate. *That* one must say of him." There was a pause.

"I suppose one grows very fond of a person with whom one lives a long time," said the Mees, for the sake of bridging over the pause.

"Of course. Of course! Why shouldn't one grow fond of him?" said Frau Klotz, shortly. "He doesn't shine in society, and his looks aren't much, as you see. But you don't want a man to be always shining in society, and handsome men are too popular with the other women. Oh, yes! it's a thousand times better than being alone in the world." She covered the vacant old face up with her crochet, whilst the Mees curled her lip—ever so slightly, unperceived.

Presently Frau Klotz pursued reflectively: "And in our day romantic marriages are out of date—fancy how my father and mother married. So different!" Her voice softened, and her round grey eyes grew quite subdued and tender. "My mother was a young girl of eighteen, living with her parents in a little country town. Well, one day there was a knock at the door, and she ran to open it. (They were a large family and the maid was busy.) When my mother opened the door, behold! there stood a handsome young man whom she had never seen before. He had come to settle in the town, and this was his first visit of ceremony to her parents. They looked at each other just a second or two, and then my mother invited the young man in. Now, do you know, in that second they fell in love with each other! He said to himself: 'This one, or no other, shall be my wife!' and she said to herself: 'This one, and no other, I could love!' That was love at first sight, the love you read about. They married in the end—and they loved each other always. They had a happy married life and a house full of children. I can remember distinctly how my father adored my mother to his dying day. . . . Ah! Mees, such love as theirs never happens nowadays. Heigho!" Frau Klotz sighed, put away the photograph of her grotesque old husband, and devoted herself with unusual gravity to her crochet for a minute or two.

The Mees sighed too, inaudibly, thinking that old-maidism and *that* sort of marriage were equally disappointing conditions of womanhood.

"After I married," said Frau Klotz, with a sudden laugh, "I used to feel as if I were my own parents' grandmother—so young they seemed and so lover-like in comparison with me! They are dead now. And all I have is my old man. But I am merry enough, am I not? Mees, am I not merry?"

The Mees assented. Frau Klotz was certainly merry.

"Ach! the doctor!"

There was quite a stir as a gentleman in frock coat and tall hat came down the path between the tables. It was Dr. Bretzel, the fashionable and favourite doctor of Salzbad, with whom all his lady patients were more or less in love. Sunning himself in admiring smiles and greetings the great man walked, raising his hat to right and left. His bow conveyed secret admiration and understanding to each patient in particular.

Frau Klotz blushed like a schoolgirl as he passed.

"So handsome!" she sighed. "And I do love a man to be handsome! Ach, if papa looked as charming as that when he made his first call, I can understand mamma!. . . ."

Dream-lost as Elsa, she gazed after Dr. Bretzel's pompous broad-cloth back, and the Mees watched her curiously.

The Colonial Nursing Association is announcing a concert, organised by the English Ladies' Orchestral Society, in aid of the Sick Pay Fund, to take place on February 21st, at the Royal Horticultural Hall, Vincent Square, Westminster. Many well-known artistes have promised their help, and a very attractive programme has been arranged. The Sick Pay Fund was only started in 1902, it having become evident that some provision was urgently required for those nurses who might fall ill in the course of their foreign service. Nurses interested in the excellent work the Colonial Nursing Association is doing might help by mentioning the concert and its object amongst their friends. Tickets and full particulars to be had from the Secretary, Miss Dalrymple Hay, at the office of the association, Imperial Institute, S.W.

TINNED SILK

THE recent article in the *Lancet* on the fraudulent adulteration of silk with various minerals contains much that is of interest to women.

A considerable share of the blame in this matter is said to lie with the fair sex, who have created a demand for showy materials at a cheap rate, thus giving direct encouragement to these harmful practices.

At the present time pieces of silk bought in the usual manner at West End drapery establishments contained, in one case, over 47 per cent. of mineral matter, chiefly tin, while the average of the adulteration present in each case was 37 per cent.

This is a very serious matter, as though many of the minerals employed are generally understood to be insoluble, the action of the heat of the body in the form of perspiration may quickly render them to a large degree soluble, a real danger, now that cheap silks are so largely employed for lining and for underclothing. Any kind of warmth and moisture will immediately set free the oxide of tin which is one of the most popular ingredients in the "faking" of these chiné materials, and will render the wearer liable to considerable danger from local irritation if to nothing worse.

In some of the recent experiments slight traces of arsenic were discovered, and in others very considerable percentages of zinc, aluminium, and kindred minerals were found.

The adulteration of silk has now become a recognised factor in the trade. The unfortunate purchaser has only one remedy which he can apply to the fraudulent trader, the Merchandise Marks Act, and this has proved to be but a sorry weapon in such a conflict, for the wily merchant provides against such contingencies by labelling his silks with a qualifying adjective, such as "Chinese Silk," and should the purchaser wish to quarrel with him as to the substance of the fabric being "pure" silk, all arguments would be laid on the word "Chinese," as implying the various iniquities which the purchaser points out to be present.

Various, too, are the methods which of late years have been introduced into the dyeing processes. Instead of the old laborious style of steeping the fabric in the required dye, now the fabric is stretched on a frame and spread with a mixture of coloured size by means of rollers. What wonder, therefore, at the havoc wrought amongst coloured garments sent to the much-abused laundry?

The "weighting" of goods with china clay and other materials was, it has been thought, probably first introduced to swindle the wily Hindoo, who does his trading in fabrics by weight, and good weight too, but Eastern corruptions have a way of creeping West, and thus we now suffer, for it seems more than probable that this lucrative manner of turning out cheap silks, which please the popular eye, has been evolved in the same way.

These practices, however, besides being dangerous to health, rob the fabrics of their most important properties, and our clothes become mere ornaments instead of serving both useful and ornamental purposes. The full benefit of suitable clothing has a twofold purpose, that of keeping the body warm from the cold and of allowing free passage of air within and without.

New members of Parliament might opportunely be reminded that there is much to be done in revising the existing laws with regard to the adulteration of material, as well as of the adulteration of food and drugs, as to which stringent measures are enforced.

THE MIDWIFE AND DISINFECTION

AN article appeared some little while ago in *Public Health*, by Dr. David Somerville, under the above title, in which he severely criticised the Central Midwives Board for "not making an effort to distinguish efficient from inefficient disinfectants," and, presumedly, for not laying down in the rules definite instructions on this naturally very important point. Dr. Somerville goes on to groan over the "abysmal ignorance" of the midwives, and the utter inadequacy of their training in this respect, indeed the non-existence of practical instruction as to what constitutes an efficient disinfectant, and what does not. He further says—"The Midwives Board and Sanitary Authorities should, therefore, inform themselves as to what are efficient and suitable, and what inefficient and unsuitable disinfectants, and then distinctly instruct the midwives in their preparation and use." Midwives should, he claims, be taught during their pupilage to recognise and differentiate between three types of disinfectants:—(1) Efficient but poisonous, (2) efficient and non-poisonous, (3) non-poisonous but useless, and he concludes, "Until this is accomplished, the fate of the mothers and infants must lie at the authorities' doors."

All this is very true, and it undoubtedly is extremely desirable that midwives (and doctors) should have this essential knowledge. No one would be more thankful than the midwife could she be given an authoritative pronouncement on this subject. Witness the case just attracting attention, in which one unlucky woman, having recourse to the disinfectant she had been taught to use by those who trained her (and one laid down by eminent obstetrical authorities as proper for the purpose) loses her employment because the doctor under whom she chanced to be working held another view! The Central Midwives Board has not prescribed any one disinfectant, probably because it is a notorious fact that no two medical men agree as to what is and what is not efficient. The C.M.B. can control midwives, but not the medical profession, and if the Board pronounced on this subject it is likely that confusion in the present state of opinion would only be worse confounded. One practitioner adheres to cyllin, lysol is the only antiseptic in use by another, creolin is advocated by a third, and so on through the entire list of preparations on the market. Moreover, if one strength were stated to be efficient to-day, in a few weeks' time some fresh pronouncement would be required, for medical knowledge is ever in a state of flux, and scientific opinion changes like a kaleidoscope on such matters every few years. It seems of little use to quarrel with the Central Midwives Board and the Local Supervising Authorities for not making more definite regulations. It is surely rather a matter for the medical profession to deal with.

There is, of course, nothing to prevent any local authority from taking such a matter up, and giving the midwives in its area general instruction with reference to disinfectants, and quite apart from any scientific knowledge as to their efficacy, many of the old-time midwives sadly need to be taught proper methods of rendering themselves aseptic, and what a thorough cleansing of the hands means in surgical parlance. The story of the midwife who left her bottle of perchloride of mercury tablets within reach of a number of young children is one which points a moral, for this is pure carelessness. The danger of these same tablets is one which has been impressed on more than one observer, and it has been proposed that in form, at least, they might be made as unattractive and as unlike "sweeties" as possible to avoid the tragedies that might easily follow such neglect of precaution.

To midwives who are in doubt as to the disinfectants they should use, and what the strength in each case should be, it may be said that they cannot do better than obtain detailed directions from their Local Supervising Authority, preferably through the Inspector, if one has been appointed in their district.

NOTES FOR MIDWIVES

IT is a matter for much congratulation that the Central Midwives Board has decided in future to hold a meeting of the Standing Committee of the whole Board on the Thursday in each month before the ordinary meeting. The strangulation of business which has resulted from the Board's habit of having a meeting of the committee, and the ordinary meeting of the Board on one and the same afternoon, has grown worse every month, and it has been clear for some time that a way would have to be found by which a portion of the routine business of the committee should be got through on another day. It means that the committee work will fall upon the London members, as those from the country cannot be expected to come up twice in the month, especially when it is remem-

bered that in existing circumstances they are called upon to pay their own expenses, a manifest hardship that should surely be removed whenever any amending of the Act is under consideration.

Several interesting matters came up for discussion on Thursday, January 25th, when the Board met for ordinary business. One question was raised by a medical man, who wrote to the Board asking as to his right to refuse to sign a certificate of instruction for a former pupil, who had attended a course of his lectures six years ago, on the somewhat illogical ground that he could not answer for her present proficiency. The chairman took the view concurred in by the rest of the Board, that the matter was one of "common law" and the judgment of the teacher. The certificate in question is a statement that a pupil has passed through a given course "to the satisfaction" of the teacher. Obviously, there could be no question as to what that pupil's knowledge might be six years later; if she passed through the course to the satisfaction of her instructor at the time, his reply is simply a statement of fact, carrying with it no further responsibility.

A useful resolution, proposed by Miss Wilson, was carried, appointing a committee to consider the Board's penal proceedings and report thereon. This means that instead of the preliminary proceedings in connection with *prima facie* cases sent up to the Board being left to the sole responsibility of the secretary, the evidence to come before the Board shall be sifted, and legal points considered by a sub-committee. It has been evident on several occasions that some expert preparation of the cases would be an advantage in order that time might not be wasted over them when finally presented. The chairman, Mr. Parker Young, and Mr. Fordham (as representatives of the Local Supervising Authorities), were appointed for this work.

The Board's decision, on Miss Wilson's motion, to rescind their former refusal of an application from the Cheltenham District Nursing Association for an extension of time for signing the February schedules in the case of four nurses now training there will be welcomed by all who prefer abstract justice to red tape regulations. Miss Wilson put the Cheltenham case very clearly, showing that the Board's previous indecision with regard to the dates of examinations had landed the Association in a difficulty which would inflict grave injury on the pupils and the association. Miss Wilson's resolution was supported by Miss Paget and Mr. Parker Young; the chairman and Dr. Dakin voting against it on the ground that, though they entirely sympathised with Cheltenham's hard case, they felt themselves bound by the "letter of the law."

It may be remembered that some feeling was aroused after the last Central Midwives Board examination in the north, on account of the large percentages of failures at the Manchester centre, the opinion being freely voiced that there was something less than uniformity in the examinations. Miss Paget asked the other day at the Board meeting, whether, in view of this fact, there would be a special visitor appointed for Manchester this next time. No request had, however, come from the aggrieved quarters, and it was agreed to let the matter rest till after the next examination.

The Board have approved the Greenwich Union Infirmary as a training school, the improvements required by the Board having now been carried out.

A sad case is reported from Tooting, where an infant of fourteen days died "from want of proper attention and care." The mother was attended by a woman, who said at the inquest that she did not call herself a midwife, but a "nurse," who fed the unhappy child on oatmeal gruel, and poulticed a "rash," which was subsequently found to be due to measles. The coroner said that the witness, Ellen Knowles, by calling herself a "nurse" evaded the Midwives Act, and the evil that Act was intended to prevent had been evidenced in this case. The Act needed amendment, and it should be impossible for a woman like Mrs. Knowles to act as midwife, nurse, or doctor. The jury censured the woman, in accordance with the medical evidence. The evasion of the Act here exemplified is, of course, carried on to a large extent in many places, as trained midwives well know. Many a tale could they unfold of similar cases, to stop which the operation of the Act is not sufficient. A doctor, or a certified midwife, is engaged, but the "nurse" is beforehand, and the case is over when the summons reaches medical practitioner or midwife, if indeed they ever receive it. Some of these women boast of doing "the doctors'" work for them. It is certainly time some means were found of checking such abuse.

The next course of lectures at the Incorporated Midwives' Institute in preparation for the Central Midwives Board examination commences on February 20th. The lectures on midwifery are given by teachers approved by the C.M.B.; lectures on monthly nursing and house sanitation are included in the course, and coaching classes are held by an experienced teacher. The institute has an exceptionally good collection of apparatus and models for teaching purposes. At the end of the course the institute holds an independent examination and issues a certificate to successful candidates. Full particulars may be had on application to the secretary, at the institute, 12 Buckingham Street, Strand.

There were six "penal cases" before the Central Midwives Board at their special meeting on January 30th. The charges were found proved in each instance, and the following certified midwives were ordered to be removed from the roll:—Eliza Pugh, No. 1756; Jane Tween, No. 16355; Elizabeth Jacklin, No. 3484; Esther Smith, No. 19409; and Mary Ann George, No. 2067. Hannah Howe, certified midwife No. 2990, was censured and cautioned for not keeping the rules of the Board.

NEWS ITEMS

The annual meeting of the Darwen Nursing Association took place recently. The report shows that Miss Mitchell, the Queen's nurse who had taken Miss Brown's place when she had been obliged to resign owing to ill-health, had had a busy year. The new Nurses' Home in Bolton Road, which has been purchased with the proceeds from the sale of the house formerly used as a nurses' home, will shortly be ready for use. The Mayor, in speaking, alluded to the somewhat scanty collections which had been received from the various places of worship, and said he thought that the workshops and mills might also give more support than they did to this excellent work, which was so instrumental in keeping their hands at work.

At a recent meeting of the Derby Board of Guardians a proposal was made that the nursing staff should be provided with more suitable quarters. In the medical officer's report he alluded to the need for this reform, but the chairman finally agreed to withdraw his proposals until a more convenient season. It is as well for nurses that most boards are more considerate of their welfare and comfort.

An anonymous gift of £100 has just been received by the secretary of the Romsey Nursing Home and Cottage Hospital. This very welcome gift had the initials "D. G." attached.

Two grand balls are being held in Dublin in aid of two charities, the Meath Hospital Nurses' Pension Fund, and the Mercers' Hospital. Their Excellencies the Lord Lieutenant and the Countess of Aberdeen have graciously extended their patronage to both the functions, and many well-known people are also giving their help. A cotillon, arranged by the Countess Annesley, will take place at the latter ball.

At the annual meeting of the Gwennap and St. Day Nursing Association the report read by the treasurer dwelt on the excellence of the work of the society, as carried out by Nurse Edgcombe. She had paid 2,917 visits during the past year, which is a striking proof of this. It is hoped that the parishes will soon be able to support their own nurse entirely, as there has been a slight increase in the subscription list this year; however, as in former times, Miss Williams had again most generously made herself responsible for the nurse's salary, though it was decided to refund her £30.

The recent annual meeting of the Lancaster Nursing Association was well attended. The financial report shows a considerable deficit, which it is hoped that with hard work may be cleared off by next year. Nurses Ward, Davis, and Steele were heartily thanked and congratulated for the manner in which they carried through their arduous duties. Both the doctors and the patients were unanimous in their appreciation of the care and skill they received from them. The Q.V.J.I. report was "very satisfactory," and it is earnestly hoped that it will not be necessary, for lack of funds, to curtail the staff. The society has no reserve fund.

At the fifth annual meeting of the Toynes Nursing Association there was a large attendance. The report showed that the nurses had paid over 3,300 visits, and the treasurer said that while they had Nurse Young the patients were sure to be numerous, since everyone was so fond of her. The financial report showed that there was a balance of over £19, which was the more gratifying since it had been feared by all that it would be somewhat decreased this year.

The entertainment which took place recently at Battersea in aid of the South London District Nursing Association has proved a great success. There was a distinguished gathering, and it is hoped that a balance of £100 will be handed to the treasurer of the society.

The annual meeting of the Birkenhead District Nursing Society was held recently. The report shows that the society has a balance of £37 in hand, and the debt on the Nurses' Home has been reduced by £100. Mrs. Bowen spoke of the poor patients' appreciation of the help they received from the nurses and other benefits of the society.

The annual meeting of the Teignmouth Nursing Association was held recently. The number of visits does not appear to have been so large, at first sight, this year, but this was owing to the illness of Nurse Le Brun, who, unfortunately, caught enteric fever from one of her patients, and was unavoidably absent from work for over two months. She has, happily, quite recovered, and has resumed her usual work. An increase in the number of subscribers is needed to place the society on a firm basis.

The annual meeting of the Billingborough District Nursing Association was held recently. The report spoke in glowing terms of the work done by Nurse Cartwright, and many of the patients have also given testimony of her invaluable assistance in times of sickness. Towards the close of the meeting the chairman, in his address, referred to the success of this excellent scheme, and showed how, with care and economy, it would, he hoped, become a permanent institution.

A concert is to be held at Stafford House, on Thursday, May 10th, by the kindness of the Duchess of Sutherland, in aid of the Maternity Charity and District Nurses' Home, Plaistow. During last year 202,343 visits were made to the sick poor by the nurses of this charity.

APPOINTMENTS

Aberdeen Maternity Hospital.—Miss A. M. Budie has been appointed superintendent. She was trained at the Wilkington Infirmary, Manchester, and was subsequently sister at the Queen Charlotte Lying-in Hospital, and matron of the Somerton Accident Hospital.

Ashton-under-Lyne District Infirmary.—Miss Worthington has been appointed sister. She received her training at Guy's Hospital.

Ashton-under-Lyne Union.—Miss M. Crossland has been appointed charge nurse.

Barnsley, Beckett Hospital.—Miss A. B. Crawley has been appointed sister. She received her training at the Leeds General Infirmary, and has since been at the Cancer Hospital, London, and the Medical and Surgical Home, Leeds.

Barry District Nursing Association.—Miss E. Tyson has been appointed lady superintendent of nurses. She was trained at the North Staffordshire Infirmary, and has been matron of the Ulverston Cottage Hospital.

Birmingham General Hospital.—Miss M. A. Nodal has been appointed assistant matron. She was trained at the London Hospital, and has since been massage sister there, temporary night sister at the Shoreditch Infirmary, ward sister and afterwards assistant matron at the National Hospital for the Paralysed, Queen's Square. Miss Nodal has also been at the Royal London Ophthalmic (Moorfields) Hospital, and at the London General Lying-in Hospital.

Bristol Parish.—Miss M. M. Scriven has been appointed charge nurse.

Charing Cross Hospital.—Miss A. McBride-Haugh has been appointed sister to the Golding Ward, and Miss G. Shaw has been appointed theatre sister. Both these ladies were trained at the hospital.

East Retford Union.—Miss B. E. Smith has been appointed head nurse.

Guy's Hospital.—The following probationers have been appointed head nurses:—A. Daniels, Prycke, Cadell, Robinson, E. Cooper, and K. Yeates.

Las Palmas Sailors' Hospital.—Miss Garnet has been appointed staff nurse. She was trained at Guy's Hospital.

Liverpool Infant Orphan Asylum.—Miss F. Coker has been appointed matron. She received her training at St. Thomas's Hospital, and was subsequently home sister at the Yarrow Home, Broadstairs, and house matron of the Downs Schools, Sutton.

Leeds Sanatorium for Consumption, Gatoforth.—Miss E. E. Jackson has been appointed matron. She was trained at the Bradford Royal Infirmary, and has since been home sister at Sheffield, Fir Vale Infirmary.

Lewisham Union Infirmary.—Miss S. Hellesen has been appointed head nurse.

Manor Hamilton Union Infirmary, Co. Sligo.—Miss M. M. Rooney has been appointed night nurse. She was trained at the Mater Infirmorum Hospital, Belfast, and Edinburgh Fever Hospital, and has since been at the Sligo Union Infirmary.

Norfolk and Norwich Hospital.—Miss E. Grocott has been appointed night superintendent. She was trained at the Liverpool Royal Infirmary, and has since been sister at the Northampton General Hospital.

Northampton General Hospital.—Miss F. M. Borton has been appointed sister of the female medical ward. She was trained at the Westminster Hospital, and has since been on the private staff there. Miss K. Hebdon has been appointed assistant matron and housekeeper. She was trained at this hospital and has since been sister and night superintendent.

Nottingham Workhouse Infirmary.—Miss E. E. Shepherd and Miss M. Coyne have been appointed charge nurses. Miss Shepherd was trained at Leeds Union Infirmary, and Miss Coyne at Prescott Infirmary.

St. George's Union.—Miss A. E. Gray has been appointed head nurse.

St. Marylebone Parish Infirmary.—Miss N. F. Williams has been appointed ward nurse.

St. Marylebone Parish.—Miss L. M. Clulow has been appointed nurse for the schools.

Sussex County Hospital.—Miss I. K. Szczepankska has been appointed assistant matron. She received her training at King's College Hospital, and has since served on the Army Reserve in South Africa, as sister at the North-Eastern Hospital for Children, and temporary assistant matron at Nottingham Hospital. She holds a C.M.B. certificate and one for massage.

Wellington (Somerset) Union.—Miss M. A. Foley has been appointed charge nurse.

RESIGNATIONS

Barry District Nursing Association.—Miss E. B. Sprentall and Miss N. Coles have resigned.

St. Neots Union.—Miss Fanning has resigned through ill-health.

Winchester Union.—Miss E. R. Paice, charge nurse, has resigned.

PRESENTATION

An interesting presentation took place recently at Cardigan, to Nurse Hawes, as a slight token of the townspeople's great appreciation of her work among the sick poor. The gift, which took the form of a handsome silver tea-service and hot-water jug, was presented by the Mayor, who, in a short speech, alluded to Nurse Hawes's work, and of the pleasure it gave him to make the presentation.

CORRESPONDENCE

DISCHARGE OF INFECTIOUS PATIENTS.

To the Editor.

Under the heading of "Nursing Notes" in your last issue, you kindly comment upon my letter in the *Daily Chronicle* respecting the discharge of patients in a state of desquamation from the N.E. Fever Hospital at Tottenham. To readers not conversant with the facts of the case it would appear that but *one* child was concerned, whereas there were *three* children and the mother! The first child was discharged after six weeks' detention, and the mother emphatically states, "She was 'snuffling' that same day"; but not realising the importance, she regarded it as being merely a cold in the head. On undressing the child at night, she was alarmed to find her feet were still peeling, and the medical officer was informed, saw the patient, and advised that rags (which could be burned) instead of handkerchiefs, be used. *Eight days* after two younger sisters were taken to the hospital with the fever, remained there eight and nine weeks respectively, and *eight* days after their return home the mother was taken away with scarlet fever to the same hospital, where she is still an inmate.

The husband, a shop assistant, is left with his three little girls to look after. It is impossible for him to engage assistance, and to my knowledge he sits up late at night to wash and iron their clothes. How many fathers would do so? The rooms, bedding, and clothes have been disinfected on three separate occasions, when once should have sufficed, and, of course, there has been the repapering and decorating each time at his expense.

This case has aroused much interest, and I have discussed it with medical men, hospital sisters, and nurses, and they are, *without exception*, most emphatic in telling me that a *person in a state of desquamation is a social danger*, but they add, that "doctors differ on the point." I am a tradesman, not a medico, and it seems to me to be bad policy to allow such patients to travel in public conveyances and mingle with the crowd.

E. W. Wise.

MIDWIFERY NURSING TROUBLES.

To the Editor.

"Sympathy's" note on my letter is quite correct. I did not cite the case of inflammation I mentioned as going to prove one way or another that the use of corrosive-sublimate had caused the inflammation.

What I meant to infer was that if a nurse has used this solution to an infant's eyes and the doctor chooses to suggest that ophthalmia, should it subsequently occur, is due to this, the nurse is placed in an exceedingly unenviable position. Better, I think, in this case the sin of omission than commission.

Why the use of perchloride of mercury is supposed to cause ophthalmia neonatorum I have not the least idea. I could have better understood had I been told that owing to the well-known action of perchloride of mercury on albumen it was ineffective as a preventive! I would like to ask "Sympathy" if she has tried experimenting with a 1 in 4,000 solution of perchloride of mercury as an eyewash for herself, taking care that some of it enters the eyes? I have, and the result reconciles me to using boracic lotion as an eyewash for babies, quite apart from anything else

District Nurse.

ANSWER TO CORRESPONDENT

E. asks if it is possible for scarlet fever and diphtheria to develop on the same day. She recently sent a case of diphtheria into hospital, and three weeks later the patient was told she had scarlet fever. No symptoms were observable at the time of her admission.

[Scarlet fever is frequently complicated by diphtheria, the diphtheria supervening during convalescence from scarlatina. In many cases the severe sore throat of scarlet fever imitates, but is not true diphtheria. Still, there is no reason why true diphtheria and scarlet fever should not come on together if the patient has been exposed to the two infections at the times necessary for the diseases to develop on the same day; the chances against such a coincidence are, of course, rather considerable.—Ed.]

COMPETITION X

We offer a prize of 10s. 6d. for the best suggestions for new features or subjects for interesting and useful articles in The Nursing Times. Answers must reach this office by February 17th, and the result will be announced in our issue of February 24th. ***Payment will be made for all other suggestions adopted.***

COMING EVENTS

February 7th.—Special general meeting of the R.B.N.A., 11 Chandos Street, W., 3 p.m., to rescind the resolutions passed at the meeting on January 17th.

February 20th.—Annual meeting at the Mansion House, 3 p.m., of the Royal Maternity Charity.

February 21st.—Concert at Horticultural Hall, Vincent Square, Westminster, in aid of the Sick Pay Fund of the Colonial Nursing Association.

In consequence of the popularity of the special services for nurses held during the last five winters at St. Andrew's Church, Dublin, it has been decided to arrange another course to take place this year. The first of this series took place last Tuesday, when the Bishop of Killaloe was the preacher.

The Nurses' Home at Oldham has just received a generous donation of £500 towards an endowment fund from "one who wishes to show gratitude to the Association for care and attention." This is the first gift of its kind which the association has received, but the committee hope that it will be speedily succeeded by others. At the recent annual meeting statistics were given which showed that the nurses have had no idle moments. So busy had they been at one period that fourteen applications had to be refused. In the free nursing department the nurses have paid 2,301 visits.

All Editorial communications to be addressed to The Editor, "The Nursing Times,"
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